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**KENTUCKY AGRICULTURAL DEVELOPMENT FUND**  
**Cultivating Rural Prosperity**



## County Model Program Application

***Application for County Model Program Administration***

## **Preface**

The Kentucky Agricultural Development Board (ADB) will invest monies from the Kentucky Agricultural Development Fund in innovative proposals that increase net farm income and affect tobacco farmers, tobacco-impacted communities and agriculture across the state through stimulating markets for Kentucky agricultural products, finding new ways to add value to Kentucky agricultural products, and exploring new opportunities for Kentucky farms and farm products.

Each applicant seeking funding from the Kentucky Agricultural Development Fund (Phase I) must submit an application. This application packet provides the forms, instructions and other information to be used in applying to administer only County Model Programs. Forms & instructions may also be found on our website at <http://agpolicy.ky.gov/funds/index.shtml>.

The requirements for the content of applications for County Agricultural Development Funds are contained in this packet. County Model Program guidelines and requirements can be found in the guidelines for each program at the website listed above. Careful adherence to guideline requirements facilitates the processing and review of proposals. Therefore, **ADB encourages all applicants to read carefully the application guidelines.**

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*The Agricultural Development Board and County Agricultural Development Councils reserve the right to require revisions or clarifications of submitted proposals.*

## **Instructions for Submission**

Proposals for County Model Programs are required to use the attached application forms. The application forms may be reproduced and distributed. Reproductions must be clear and made on paper 8 ½ x 11 inches in size. *Electronic and faxed submissions are not allowed.*

**Applications for county funds** should be made directly to the appropriate county council(s). Completed applications will be prioritized by the county council according to the County Comprehensive Plan and forwarded to the state Agricultural Development Board for final funding decision. Some applicants may be requested by their county council to make a formal project presentation to the council.

Submissions from County Councils should be sent to the following address:

*Kentucky Agricultural Development Board  
Model Program Application  
Governor's Office of Agricultural Policy  
404 Ann Street  
Frankfort, KY 40601*

**Model program applications submitted to the ADB office should include the original application and one copy, including supporting documents and prioritization form.**

**Requests for Additional Funds:** For administrators requesting additional funds for their model program(s) within the term of their legal agreement, the following documentation needs to be sent to the ADB office:

1. A completed ***Proposal Cover Page*** (mark 'County Model Request for Additional Funds' in box 11, and put the application number at the top of the page), including a reason in box 19 (Project Summary), explaining why the additional funds are needed.
2. A new ***county council prioritization sheet*** with original signatures – no copies, please.

County model program proposals submitted to the Agricultural Development Board (ADB) will be considered by the ADB on a monthly basis. All completed county model program proposals shall be reviewed within 60 days of receipt by the ADB office. County model program proposals received in the ADB office by the second Friday of the month will go before the ADB Review Committee the following month.

*Questions regarding the proposal process should be directed to the Governor's Office of Agricultural Policy (502) 564-4627 or govkyagpolicy@ky.gov.*

Date Submitted by CC:

Kentucky Agricultural Development Fund

Date Received by Board:

Application No.: (ADB use only)

## Proposal Cover Page

### 1. TITLE OF PROPOSED PROJECT:

2a. LEGAL NAME OF THE ENTITY TO WHICH THE AWARD SHOULD BE MADE:			3. NAME AND TITLE OF AUTHORIZED REPRESENTATIVE (AR)*:	
2b. Address (Where Check to Be Mailed):			4a. Telephone No.:	b. Fax No.:
			c. E-mail Address:	
			5. ADDRESS OF AR:	
6a. TYPE OF ORGANIZATION: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> S-Corp <input type="checkbox"/> Government <input type="checkbox"/> Cooperative <input type="checkbox"/> LLC <input type="checkbox"/> C-Corp			6b. Is the entity in item 2 registered with the Secretary of State's Office? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, is it a sole proprietorship?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	7. TAX ID #:
8. PROGRAM TO WHICH YOU ARE APPLYING: <input type="checkbox"/> Model Program (Specify): <hr/> <input type="checkbox"/> Other		9. PROPOSED START DATE: <hr/>		10. PROPOSED ENDING DATE: <hr/>
11. TYPE OF REQUEST (Check all that apply): <input type="checkbox"/> New <input type="checkbox"/> County Model Request for Additional Funds <input type="checkbox"/> Resubmission <input type="checkbox"/> County Contribution to Multi-County Project			12. a. COUNTY FUNDS REQUESTED:   b. COUNTY:	
13. PROJECT CONTACT (If different from AR in item 3.):			c. STATE FUNDS REQUESTED:	d. TOTAL REQUESTED:
			\$	\$
14 a. Contact Phone:	b. Contact Fax:	C. Contact E-mail:	16. Have you received any ADF funding? State:  County:	
15. CONTACT ADDRESS:			17. What percent of the total project costs are you requesting?	
18. WILL YOU BE SEEKING ADDITIONAL FUNDS FROM OTHER SOURCES? (Including other County Councils) <input type="checkbox"/> No <input type="checkbox"/> Yes, Specify:				
19. PROJECT SUMMARY (What are the goals of the project? Describe how the funds will be used.)				
<p>By affixing a signature to this application, the applicant(s) certifies that he/she has read and understands the guidelines governing funds and agrees to all conditions set forth therein; and that all information contained in this application package is true to the best of the applicant's knowledge, information, and belief. The applicant(s) also authorizes the Agricultural Development Board and any of its representatives to make all necessary investigations of financial, credit, and other records through credit agencies and authorize the release of any and all information, which may be relevant to making a decision on this application, whether such information is record or not. The Agricultural Development Board reserves the right to modify or terminate any subsequent agreements with applicant, if at a future date it becomes aware of material misrepresentation(s) contained in this application.</p>				
Signature of Authorized Representative (From box #3):			Date Signed:	

## Instructions: Proposal Cover Page

**The Proposal Cover Page is for both county model program proposals, as well as all other proposals. Fill out all numbered boxes, sign and attach this form to the front of your proposal. Numbers below correspond to box numbers.**

1. Provide a title of the proposal that clearly defines the proposal (e.g. X County Forage Program, Expansion of Simon & Simon Widget Manufacturing).
2.
  - a. Provide the legal name of the organization/business/individual that will administer the funds. Checks for disbursement of funds will be made out to this entity. This entity will also be responsible for reporting, evaluations, distribution of 1099s, if applicable, and other duties related to the legal agreement.
  - b. Provide the address where the check for this application is to be mailed, if approved.
3. Provide name and title of individual with authority to sign contracts. Attach documentation (e.g. by-laws, meeting minutes) denoting the person listed here is authorized to sign agreements.
4. Provide contact information for individual listed in item 3.
5. Address for individual listed in item 3, if different than 2b.
6. Check appropriate boxes as they relate to entity in item 2a. Contact the Secretary of State's office [(502) 564-3490] to find out how your organization/business is registered to do business in the Commonwealth. This information can also be obtained at the Secretary of State's web site: <http://www.sos.ky.gov/>
7. Provide tax identification number for the entity listed in item 2. This is a nine-digit number. If sole proprietorship, this may be your social security number.
8. Check the appropriate box. If this is for a county model program, list the appropriate model program. **One** program per cover page. Guidelines for the county model programs are available at <http://agpolicy.ky.gov/funds/>. If this is for a unique project that does not fit into any of the county model programs, check 'other.'
9. Anticipated starting date.
10. Anticipated ending date, as it relates to this funding request.
11. Check appropriate box. If this is a request for additional funds within the term of the current legal agreement for a county model project, then include your Agricultural Development Fund application number at the top of the page (located on your agreement letter).
12. Fill out each letter as applicable. Line d. should be the sum of lines a. & c.
13. The project contact is the person to whom questions about the application will be directed. If this is the authorized representative (AR), leave blank; otherwise, fill in the appropriate information.

14. Relates to item 13, if applicable.
15. Relates to item 13, if applicable.
16. Indicate amount of funding you have received from county and state Agricultural Development Funds. This includes amount received from model programs listed in item 8.
17. This amount should be equal to or less than 50% of the total project budget.
18. For informational purposes only. Agricultural Development funding provides an opportunity to leverage other funding, additionally some projects do not fall within the scope of the Agricultural Development funding principles; therefore, it is prudent to explore other funding options available. If you have applied to other county agricultural development councils, please list those counties.
19. Provide a brief summary of your proposal. Specifically address the goal of the project and how the requested funds will be used. If this is a model program request for additional funds, then include a statement explaining why additional funds are needed for the current program term.

Make sure the Authorized Representative (AR) signs and dates the cover page.

### **Model Program Application**

1. Who will be approving producer applications? What criteria will be used to make these decisions? [Attach a copy of any selection criteria.]
2. Who will be responsible for the record keeping duties associated with this program? What are that person's qualifications?
3. How will the availability of the program be advertised to ensure public awareness?
4. What types of educational seminars will be conducted as part of this model program?
5. Fill in the attached budget form and submit with this application. If application is for shared-use equipment, describe the leasing fee structure and checkout procedures for the equipment. If any of the funds will be used for Administrative purposes, then they must be detailed in this budget and reviewed by the County Council.
6. **Attach a sample copy of the local producer's application and any promotional materials.**

### **Additional Information Required**

**Shared-use Equipment Program** - If you are applying for ***shared-used equipment*** funds, then submit three bids/quotes for the piece(s) of equipment being purchased.

**Agricultural, Dairy or Swine Diversification / Fencing Improvement / Hay, Straw & Commodity / On-farm Water / Technology / Timber** - If you are applying for funds under these programs, then attach a copy of the producer application and the required evaluation criteria. These additional materials must be submitted and approved.

The \_\_\_\_\_ will administer the \_\_\_\_\_  
(administrative entity) (program title)  
cost-share program in accordance to the state approved guidelines established by the Agricultural Development Board.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Model Program Budget & Budget Description Form

In the budget, include only items for which Agricultural Development Funds will be used or items acting as cost-share/match.

Expenditure	County Funds Requested	Applicant's Contribution	Source of Contribution	Totals
A. Shared-use Equipment (specify)				
B. Producer Cost-share Items (e.g. seed, animals, etc.)				
C. Administrative Expenses Total:				
% of Cost-share Funds Requested (B.):	%			
Breakdown of Admin. Expenses:				
1. Costs associated with processing of producer payments, applications or reporting				
2. Program Promotion				
3. Program compliance activities				
4. Cost of bonding				
H. Total Amount of This Request (A or B + C)				

### Budget Description

Please describe each budget item for which funds are being requested. Additionally, describe each budget item that is being used for match. For shared-use equipment, provide a list of leasing fees and other fees (e.g. late fees) associated with the equipment and calculations of projected income for the equipment over the useful life of the equipment.



## Press Release Information Sheet

The information on this sheet may be used for public releases for announcements, press releases and other public information.

Local Newspaper or other media  
(Name, address, phone): \_\_\_\_\_

\_\_\_\_\_

Applicant: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Project Co-Sponsor(s): \_\_\_\_\_

Title of Project: \_\_\_\_\_

\_\_\_\_\_

Project Start Date: \_\_\_\_\_ Project Completion Date: \_\_\_\_\_

Total funds requested from the Agricultural Development Fund: \_\_\_\_\_

Total project budget: \_\_\_\_\_

Brief summary of the project, product or process and proposed commercialization efforts:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What will the grant funds be used for? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name and Title (type or print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Governor's Office of Agricultural Policy**

***Authorization of Signature Form***

Approval is hereby given to \_\_\_\_\_, to sign on behalf  
(Printed Name of Authorized Individual)

of the \_\_\_\_\_.  
(Applicant Entity Name)

(Authorized Individual's Signature)	
(Title)	(Date)

I, \_\_\_\_\_, hereby give authorization to  
(Printed Name of Person Authorizing this Individual)

\_\_\_\_\_, to serve as the authorized representative  
(Printed Name of Authorized Individual)  
of \_\_\_\_\_.  
(Applicant Entity Name)

The individual noted above is hereby authorized and approved to execute any and all legal documents relating to receiving funds from the Kentucky Agriculture Development Board. Said individual's signature shall hereby bind the entity for which he/she represents.

\_\_\_\_\_  
Signature of Person Authorizing above Individual<sup>1</sup>

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

**ATTACH THIS FORM AND ANY SUPPORTING DOCUMENTS TO THE  
MODEL PROGRAM APPLICATION.**

<sup>1</sup> "Authorized Individual" and "Person Authorizing" must be two different people, for the purposes of this *Authorization of Signature* form.

## Funding Process

Once your project has been approved the project manager will notify you to indicate the date of approval, amount of funding and confirm the terms of the project approved by the Board at the Agricultural Development Board Meeting. Your Project Analyst and Agricultural Development Board legal counsel will then draft an agreement and send it to your organization for review.

**If the agreement is acceptable, you will be requested to have an individual authorized for the organization to sign the agreement. You will also be requested to send a document indicating that the individual executing the agreement possesses the authority from the organization to sign said agreement. Typically, that document would be the by-laws of the organization which generally indicate who has the authority to sign legal documents on behalf of the organization.**

Read the agreement cover letter from Legal Counsel and follow the instructions contained therein. It may contain information necessary for your funding. The following issues generally cause the most delays:

1. Make sure the organization/entity formally exists. For a corporation, formal existence would mean the filing of Articles of Incorporation and other necessary documents with the Secretary of State's office. When deciding whether to create some type of corporate type business entity, the applicant is strongly advised to seek legal counsel to address issues such as tax treatment and liability. While it is fairly easy to draft and file basic corporate papers, understanding the ramifications of said filing and implementing the proper procedures necessary to protect the corporate status can be complicated.
2. If a corporate entity applied, make sure your organization is registered in "Good Standing" with the Kentucky Secretary of State's Office as a legal entity for conducting business in Kentucky.

Organizations in "Bad Standing," must correct the rating before funds can be disbursed. Generally, filing paperwork and paying a small fee can correct this.

3. Make sure your organization sends documentation stating that the person who signed the agreement has been authorized by the organization to sign legal documents on behalf of the organization. Our office has been accepting the following:
    - a letter on your organization's letterhead,
    - a copy of the minutes of a meeting where it was voted that the identified person could sign the agreement(s),
    - a copy of your organization's by-laws if they clearly state that the President, or other identified officer, has the ability to sign legal documents on behalf of the organization, or
    - the *Authorization of Signature* form (see page 7 of this application packet).
  4. Subsequent disbursements will be dependent upon up-to-date quarterly reporting.
- Send the any requested information to the address below:

Governor's Office of Agricultural Policy  
404 Ann Street  
Frankfort, KY 40601

Please call or email your Area Project Analyst with any questions.